EXTENSION GRANTED THROUGH NOVEMBER 15, 2019

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(f)) of the Internal Revenue Code (except private foundations)

Department of the Treasury internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

AF	or the	2018 calendar year, or tax year beginning	and ending			
B c	heck if opticable	C Name of organization		D Em	ployer identifica	ition number
	Addres	VOTO LATINO ACTION FUND				45040
<u> </u>	Name Johange Maraal	Doing business as			45-54	77218
-	Jretum [Final	Number and street (or P.O. box if mail is not delivered to street addr 1300 L STREET, NW	ess) Room/s	uita E Tek	ephone number 202-3	86-6374
	return/ termur- ated	City or town, state or province, country, and ZIP or foreign pos		C 000	a receipts \$	1,113,289.
	Amend	WASHINGTON, DC 20005	sta: code	<u> </u>		
X	Jireturn Applica tion		TN	-	this a group ret or subordinates?	
(.43.	beuqiui Tabu	SAME AS C ABOVE	<i>r</i> -1	<i>-</i> 11	re all subprofinates incl	·· — —
	<u> </u>	mpt status: 501(c)(3)X 501(c) (4) < (insert no.)	4947(a)(1) or			et. (see instructions)
1 1	AX-UXU	TIPE STATES LIBERTINE LIB		···	roup exemption	•
JV	100511		ther > ILY			State of lagal domicile: DC
		Summary	12.1	BEI OI IOIIIIEI	CON. DOLDIM	Cibile Of Ingali Connicile, 20
		Briefly describe the organization's mission or most significant activit	CRE DAGE	2 DAE	M TTT	
8	1 (snerry describe the organization's mission of thost significant activity	MS: BEE FAGE	<i>B</i> / <i>L</i> #44		
Governance		Check this box I if the organization discontinued its operation	l di	ana shara 26	EQ/ of the pot and	nto.
\$			-			ы. З
ક		Number of voting members of the governing body (Part VI, line 1a)	410 6 46			
= 248		Number of Independent voting members of the governing body (Par			· · · · · · · · · · · · · · · · · · ·	
Activities &		Total number of Individuals employed in calendar year 2018 (Part V,	line 2a)		- T	
1	i				6	0.
Ac	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	EN/FD I		7a	
	6	Total unrelated business revenue from Part VIII, column (C), line 12- Net unrelated business taxable income from Form 990-T, line 68-C	10	<u> </u>	70	
30°			101	Pric	or Year	Current Year
ل قا	8 (Contributions and grants (Part VIII, line 1h)	25 2019		61,644.	1,113,289.
Owner Owner		riogram service revenue (Part VIII, line 29)	المنبغ فيستهم بمستنشدة الماءات		0.	0.
[10	investment income (Part VIII, column (A), lines 3, 4, and 7d)	DEN UT	<u> </u>	0.	0.
ANN P.	11 (investment income (Part VIII, column (A), lines 3, 4, and 7d). Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and Fall (Column (A)) in the column (A) in the	W		0.	0.
δ <u>_</u>	12	Total revenue - add lines 8 through 11 (must equal Part Vill, column	(A), line 12)		61,644.	1,113,289.
SC	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			64,000.	500,000.
ינ	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
ø	15	Salaries, other compensation, employee benefits (Part IX, column (A	A), lines 5-10)		0.	0.
ž	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
Expenses		Total fundraising expanses (Part IX, column (D), line 25)	0.			
ம	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			4,632.	217,577.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line	9 25)		368,632.	717,577.
		Revenue less expenses. Subtract line 18 from fine 12			306,988.	395,712.
Net Assets or Fund Balances				Beginning	of Current Year	End of Year
85	20	Total assets (Part X, line 16)			15,175.	427,036.
A 200	21	Total habilities (Part X, line 26)			4,318.	19,100.
₹5	22	Net assets or fund balances. Subtract line 21 from line 20	****		10,857.	407,936.
	irt II	Signature Block				
Und	er Dena	ties of perjury, I declare that I have examined this return, including accompa	nying schedules and st	atements, and	d to the best of my	knowledge and belief, it is
		i, and complete, Declaration of Prepares (other than officer) is based on all in				1 /2 15
		2//	······································		1///	15/8-014
Sig	n	Signature of officer	······································		Vale /	7 7
Her		STEVE CHAPLAIN, CFO				
,,,,,	•	Type or print name and title				
		Print/Type preparer's name A C Preparer's signated	ire	Date	Check	PTIN
Paid	d	NADIM B SALTI, CPA NADIM B S		11/1	5/19 di +7-> byec	P01482194
	DATOS	Firm's name SALTI & ASSOCIATES, LLC			Firm's EIII	20-3551532
	Only	Firm's address 1310 L STREET, NW, STE 8'	70			
-	· · · · · ·	WASHINGTON, DC 20005	. •		Риоле по 202	2-728-3312
140	/ the II	RS discuss this return with the preparer shown above? (see instruct	lions)			Yes No
_	01 12-3					Form 990 (2018)
C324						
			Con de)	ı		/(
			-			
			<i></i>			

Form 990 (2018) VOTO LATINO ACTION FUND
Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	,	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
• •	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			-
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		Х
2N 2	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	l

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Form **990** (2018)

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Pa	rt IV Checklist of Required Schedules (continued)				
		_	Y	/es	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		2		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's c	1			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
	Schedule J	-	3	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and comple	1			.,
	Schedule K If "No," go to line 25a		4a	\rightarrow	Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24	1b	\dashv	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to def				
	any tax-exempt bonds?	<u> </u>	1c	\dashv	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24	1d	\dashv	
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		_		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		5a	-	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year			1	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," comp				х
	Schedule L, Part I		5b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current o			ŀ	
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "		ا ہ		х
	complete Schedule L, Part II	<u> </u>	6		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	bor		ŀ	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family mem		7		Х
00	of any of these persons? If "Yes," complete Schedule L, Part III	-	' 	\dashv	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV				
_	instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	21	- 8a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, I			1	X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was a		" -		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		Bc		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	-	9		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservat	 			
-	contributions? If "Yes," complete Schedule M	L	ю		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?				
	If "Yes," complete Schedule N, Part I	3	11		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				
	Schedule N, Part II	3	2		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	_3	3		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, a	ind			
	Part V, line 1	3	4	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	3.	5a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled of	entity	I		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		5b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related org	anization?			
	If "Yes," complete Schedule R, Part V, line 2	3	6		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	<u> </u>	7		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			.	
	Note. All Form 990 filers are required to complete Schedule O	1 3	8	X	
Ра	rt V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V		1.	, 1	<u> </u>
		o	 Y	⁄es	No
	Enter the number reported in Box 3 of Form 1096 Enter ·0· if not applicable 1a	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			1	

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 0							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			,				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х				
ь	If "Yes," enter the name of the foreign country							
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
-	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
_	to file Form 8282?	7c		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f						
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter							
а	Initiation fees and capital contributions included on Part VIII, line 12	-						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter			,				
а	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources against	٠,						
	amounts due or received from them)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		. '					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			L				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note. See the instructions for additional information the organization must report on Schedule O	· .						
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans							
	Enter the amount of reserves on hand	L		<u> </u>				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		X				
	If "Yes," see instructions and file Form 4720, Schedule N	<u></u>		لــــا				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	ļ	Х				
	If "Yes," complete Form 4720, Schedule O	, ,						

Form 990 (2018)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a. 8b. or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	to life 64, 60, or 100 below, describe the circumstances, processes, or changes in Schedule O Gee instructions							
	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0							
	Enter the number of voting members included in line 1a, above, who are independent 2							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			· v				
_	officer, director, trustee, or key employee?	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	3		х				
4	of officers, directors, or trustees, or key employees to a management company or other person?	4		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
5 6	Did the organization bacome aware during the year of a significant diversion of the organization's assets: Did the organization have members or stockholders?	6		X				
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
more members of the governing body?								
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		X				
	persons other than the governing body?	7b		х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
	The governing body?	8a	X					
	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	-	- .	٠ ٠				
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c		X				
13	Did the organization have a written whistleblower policy?	13		X				
14	Did the organization have a written document retention and destruction policy?	14		<u> </u>				
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	x	•				
	The organization's CEO, Executive Director, or top management official	15b		x				
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	-:-						
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
iva	taxable entity during the year?	16a		x				
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			<u> </u>				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b	•					
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► NONE							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	able				
	for public inspection. Indicate how you made these available. Check all that apply							
	Own website X Another's website Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial					
	statements available to the public during the tax year							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	THE ORGANIZATION - 202-386-6374	<u> </u>						
	1300 L STREET, NW, WASHINGTON, DC 20005		000	10015				
33200	6 12-31-18	Form	990	(2018)				

Check if Schedule O contains a response or note to any line in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter 0 in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organize						mpe	nsat			
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	(do	Position do not check more than one					Reportable	Reportable	Estimated
	hours per	box	box, unless person is both officer and a director/trus			is bot	h an	compensation	compensation	amount of
	week	$\overline{}$	T a	1 a a	I	T	100,	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	5	 8			ated		organization	(W-2/1099-MISC)	from the
	related	ıstee	trust		<u>ي</u>	Suadi		(W-2/1099-MISC)		organization
	organizations below	la fr	onal		Boy 6	5 8				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	. Highest compensated employee	ormer			Organizations
(1) MARIA TERESA KUMAR	5.00	=-	-	٦	-	1 8	<u> </u>			
MEMBER	40.00	x						162,044.	0.	0.
(2) BRANDON HERNANDEZ	1.00									
CHAIR		Х		Х				0.	0.	0.
(3) BRIAN STANSBURY	1.00									_
SECRETARY/TREASURER		X		Х	_			0.	0.	0.
•		1								
			-	-		\vdash		·	<u> </u>	
		1								
			_		<u> </u>					
					-	\vdash	-			
		<u> </u>								
		⊢	H	\vdash	┝	├	-			
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						<u> </u>				
					L	ļ	_			
		-	-		\vdash	\vdash	_			·
			L	<u> </u>		ــ	<u> </u>			
		-								
			Ц.,		<u> </u>	Ц_		<u> </u>	L	5900 (2010

Form 990 (2018)

Pa	T VII Section A. Officers, Directors, Tru		ploy	ees			ighe	st C			··· 1		
	(A)	(B)	· · · _ · · ·						(D)	(E)	İ	(F))
	Name and title	Average		Position (do not check more than one					Reportable	Reportable	· .		
		hours per week					ıs bot or/trus		compensation	compensatio		amour	
		(list any		т		<u> </u>	Т	Ė	from the	from related organization		othe compen	
		hours for	direct						organization	(W-2/1099-MIS		from	
		related	50 93	gg			sate		(W-2/1099-MISC)	(** 27 1000 14110	,, l	organiz	
		organizations	truste	al tru:		e A	E E		(** = *********************************			and rel	
		below	Individual trustee or director	Institutional trustee	 =	Key employee	estco	声				organiza	ations
		line)	hgu	Instr	Officer	Key	Highest compensated employee	For					
											ŀ		
			<u> </u>					L					
			<u></u>										
						<u> </u>							
			<u></u>					L					
			1										
			1								ŀ		
			<u> </u>				!				İ		
		·	1								ĺ		
1b	Sub-total	<u> </u>						<u> </u>	162,044.		0.		0.
С	Total from continuation sheets to Part V	II, Section A						•	0.		0.		0.
	Total (add lines 1b and 1c)	,						•	162,044.		0.		0.
2	Total number of individuals (including but	not limited to th	nose	liste	ed al	bov	e) wh	no r	eceived more than \$100	,000 of reportab	le		
	compensation from the organization												1
												Ye	s No
3	Did the organization list any former officer	, director, or tru	uste	e, ke	y er	nplo	yee.	, or	highest compensated e	mployee on	ſ		
	line 1a? If "Yes," complete Schedule J for				•		•		•		ĺ	3	X
4	For any individual listed on line 1a, is the s	um of reportab	le c	omp	ensa	atior	n and	d ot	her compensation from	the organization	Ī		
	and related organizations greater than \$15									_	ľ	4 X	
5	Did any person listed on line 1a receive or									dual for services			
	rendered to the organization? If "Yes," con											5	X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co	ompensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of con	pensa	ation from	
	the organization Report compensation for	the calendar y	ear	endı	ng v	vith	or w	ithir	n the organization's tax	year			
	(A)								(B)			(C)	
	Name and business	s address	N	INC	₹				Description of s	ervices	C	ompensat	ion
													_
												•	
		·											
							_	_					
								\exists					
										ļ			
						-							
2	Total number of independent contractors	(includina but r	not li	mıte	d to	tho	se li	stec	d above) who received m	ore than			
_	\$100,000 of compensation from the organ	_					0		,	I			
									 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ 	<u>+</u>		Form 990	(2018)

	VII	Check if Schedule O cont		or note to any li	ne in this Part VIII			
		33			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b]			
Arr.	С	Fundraising events	10					į
를 를	d	Related organizations	1d					,
ž E		Government grants (contribut	,					ì
e ti	f	All other contributions, gifts, gran		440 000				1
독취		similar amounts not included abo		113,289.				ļ
d t	g		1a-1f \$		1 112 200	·		ĺ
2 <u>e</u>	<u>h</u>	Total. Add lines 1a-1f		, 	1,113,289.	•		- '
.	_			Business Code				
ję	2 a							
le Se	b							
E S	C				 			
Program Service Revenue	d				<u> </u>			
P.	f	All other program service reve	enue					
- 1	g							
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)	•	>				
	4	Income from investment of ta	x-exempt bond p	proceeds >				
	5	Royalties		▶_				
ł			(ı) Real	(ii) Personal	<u> </u>	, ,	•	
	6 a	Gross rents						
	b	Less rental expenses						;
	С	• •		L			<u> </u>	
		Net rental income or (loss)		<u> </u>				
	7 a	Gross amount from sales of	(i) Securities	(II) Other	4			
		assets other than inventory		 	-			
	ь	Less cost or other basis						\ \ \ \ \
	_	and sales expenses Gain or (loss)		-	· '			
		Net gain or (loss)	L	•				
ا		Gross income from fundraisin	a events (not		· · · · · · · · · · · · · · · · · · ·			
nge		including \$	ان ساز		,		-	, <u>.</u>
e e		contributions reported on line						
Other Revenu		Part IV, line 18	a			,		
뵕	b	Less direct expenses	b					
١	С	Net income or (loss) from fund	draising events				· · · · · · · · · · · · · · · · · · ·	
	э́а	Gross income from gaining ad	ctivities See		1	, '	•	· (
		Part IV, line 19	а		_			ļ ,
		Less direct expenses	b	· .	ļ 			
		Net income or (loss) from gan						
1	10 a	Gross sales of inventory, less						
Í		and allowances	а	·	٠ -		4 4 41	-
1		Less cost of goods sold	b					
ł	<u> </u>	Net income or (loss) from sale		Business Code	 -			-
ŀ	11 0	Miscellaneous Revenu		Business Code	<u> </u>		······································	
	11 a							
	b c				 			
	d							
		Total. Add lines 11a-11d						
[12	Total revenue See instructions			1,113,289.	0.	0.	0.
83200	9 12-3	1-18						Form 990 (2018)

		ACTION FUND		45-5	477218 Page 10
	rt IX Statement of Functional Expens				
Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	omplete column (A)	
	Check if Schedule O contains a respoi		this Part IX		
000 000	00 000 000 000 000 000 000 000 000 000	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	500,000.	500,000.		
	-	300,000.	300,000.		<u> </u>
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign			 .	1
•	organizations, foreign governments, and foreign				-
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		· -		
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	ľ			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages		-		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)	45 004		45 004	
а	Management	15,901.		15,901.	!
b	Legal	6,110.		6,110.	
С	Accounting	3,500.		3,500.	
d	Lobbying	-			
е	Professional fundraising services. See Part IV, line 17		, '-	*	
f	Investment management fees				
9	Other (If line 11g amount exceeds 10% of line 25,	46,100.	46,100.		
40	column (A) amount, list line 11g expenses on Sch O.)	145,900.	145,900.		
12	Advertising and promotion	143,500.	143,500.		
13	Office expenses				
14	Information technology Royalties		·		
15 16					
16 17	Occupancy Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellarieous expenses in line 24e. If line		The state of the s	4	The second secon
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)		#4 4 _ ¥ 4,0	and the second	

66.

717,577.

692,000.

0.

25,577.

BANK FEES

e All other expenses

Total functional expenses. Add lines 1 through 24e

Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

b

25

		Check if Schedule O contains a response or not	e to any line in this Part X	•		
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		15,175.	1	377,036.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		•	4	
	5	Loans and other receivables from current and fo	rmer officers, directors,			,
	ŀ	trustees, key employees, and highest compensa		,		
		Part II of Schedule L	. ,		5	
	6	Loans and other receivables from other disquali	ied persons (as defined under			
		section 4958(f)(1)), persons described in section			r.	
		employers and sponsoring organizations of sect				
छ		employees' beneficiary organizations (see instr)			6	
Assets	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use	ľ		8	
	9	Prepaid expenses and deferred charges	ľ		9	
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a			4
	ь	Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 1		12		
	13	Investments - program-related See Part IV, line	11		13	
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11	ľ	0.	15	50,000.
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	15,175.	16	427,036.
	17	Accounts payable and accrued expenses		4,318.	17	3,200.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete f	Part IV of Schedule D		21	
S	22	Loans and other payables to current and former	officers, directors, trustees,			
Liabilities		key employees, highest compensated employee	s, and disqualified persons			
iabi		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	d third parties		24	
	25	Other liabilities (including federal income tax, par	yables to related third			
		parties, and other liabilities not included on lines	17-24) Complete Part X of	_		45 000
		Schedule D		0.	25	15,900.
	26	Total liabilities. Add lines 17 through 25	11	4,318.	26	19,100.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ LXI and	• • •		
es		complete lines 27 through 29, and lines 33 an	d 34.	10 057		
anc	27	Unrestricted net assets		10,857.	27	407,936.
Bal	28	Temporarily restricted net assets			28	
nd	29	Permanently restricted net assets		18.	29	· · ·
Ī		Organizations that do not follow SFAS 117 (A	SC 958), check here ▶∟			, , , , , , , , , , , , , , , , , , ,
S Q		and complete lines 30 through 34.	<u> </u>	سنت	<u>k</u>	
set	30	Capital stock or trust principal, or current funds		30		
As	31	Paid in or capital surplus, or land, building, or eq	1-) I	 	31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or other funds	10,857.	32	407,936.
_	33	Total net assets or fund balances	'	15,175.	33	407,936.
	34	Total liabilities and net assets/fund balances	•	13,1/3.	34	42/,030.

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2018)

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3b

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Act and OMB Circular A-133?

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 8 Open to Public --- 7 Inspection

Name of the organization

VOTO LATINO ACTION FUND

Employer identification number 45-5477218

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accou	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6		
		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			·
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds	
	are the organization's property, subject to the organization's			Yes No
6	Did the organization inform all grantees, donors, and donor a		used only	
•	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?		J	Yes No
Pa		ganization answered "Yes" on Form 990, P	art IV, line 7	,
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)		
	Preservation of land for public use (e.g. recreation or e		rically impo	rtant land area
	Protection of natural habitat	Preservation of a certif		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	of a conserv	ation easement on the last
_	day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired	• •		
_	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organizatio	n during the tax
_	year >		J	G
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements of			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		ervation eas	sements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and enforcing conservat	ion easeme	nts during the year
	▶\$			-
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?	, .		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	statement,	and balance sheet, and
	include, if applicable, the text of the footnote to the organizar			
	conservation easements			
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Ot	her Simi	lar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statem	ent and bal	ance sheet works of art,
	historical treasures, or other similar assets held for public ext			
	the text of the footnote to its financial statements that descri			
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance	e sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed			
	relating to these items			
	(i) Revenue included on Form 990, Part VIII, line 1		>	\$
	(ii) Assets included in Form 990, Part X		•	\$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial	gain, provid	de
_	the following amounts required to be reported under SFAS 1		,	
а	Revenue included on Form 990, Part VIII, line 1	. , ,	>	\$
	Assets included in Form 990, Part X	-		\$

Schedule D (Form 990) 2018

	till Organizations Maintaining C	collections of A			easures	or Oth	er Si			ts/continu	
<u> </u>										-	
3	Using the organization's acquisition, accessi	on, and other record	is, chec	k arry or the	riollowing the	ai are a s	signini	ant u	se oi its	collection	illems
	(check all that apply)		. \Box		_						,
а	Public exhibition	C			hange progr	ams					
ь	Scholarly research	e	• 📖	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	in how th	ney further t	the organizat	ion's exe	empt p	ourpos	se in Par	t XIII	
5	During the year, did the organization solicit o	r receive donations	of art, h	istorical trea	asures, or oth	ner sımıla	ır asse	ets		_	
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's c	ollection?				L	Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	on answered	"Yes" or	n Forn	n 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Part X, line 21										
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other a	ssets no	t inclu	ded			
-	on Form 990, Part X?										
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing:	table							
	Tres, explain the arrangement in tall Am	and complete the re	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	lubio						Amount	
_	Decipping helping						⊢	10		Amount	
	Beginning balance						- ⊢	1c			
	Additions during the year						-	1d			
е	Distributions during the year						F	1e			
f	Ending balance						L	1f		T	
	Did the organization include an amount on Fe						-			」Yes	∐ No
	o If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII										
Par	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" on Fe	orm 990, Par	t IV, line	10				
		(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) TI	ree ye	ars back	(e) Four	years back
1a	Beginning of year balance				1						
b	Contributions		-								
С	Net investment earnings, gains, and losses										
d	Grants or scholarships				1						
	Other expenditures for facilities				1			-			
-											
	and programs				 						
f	Administrative expenses		 		 						
	End of year balance		L	. ,	<u> </u>						
2	Provide the estimated percentage of the curi	rent year end baland		g, column (a)) neid as						
а	Board designated or quasi-endowment		_%								
ь	Permanent endowment	%									
С	Temporarily restricted endowment ►	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%									
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administ	ered for t	the or	ganıza	tion	_	
	by										Yes No
	(i) unrelated organizations									3a(i)	
	(ii) related organizations									3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requi	red on S	Schedule R?)					3b	
4	Describe in Part XIII the intended uses of the	•									
	t VI Land, Buildings, and Equipm			1000							
	Complete if the organization answere		∩ Part I\	/ line 11a !	See Form 99	∩ Part X	line	10			
									, ,	(d) Pools	value
	Description of property	(a) Cost or of basis (investigation)			t or other (other)	1 '	precia	ulated	'	(d) Book	value
		Dasis (investi	nent)	Dasis	(Ott IGI)	- 4	hierig	20011			
1a	Land			ļ							
þ	Buildings					ļ				- 	
С	Leasehold improvements			ļ		ļ					
d	d Equipment										
е	• Other										
Total	tal. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)										

Schedule D (Form 990) 2018

P	art	VII	Investments	 Other 	Securities.

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of			-f
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end	of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			v
(E)			
(F)			
(G)			
(H) Tatal (Cal (h) must squal Form 000, Part V sql (P) line 12)			•
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	5: :- 000 Dark IV Inc.	111 O F 000 Park V line 10	
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line (b) Book value	(c) Method of valuation Cost or end	of year market value
	(b) DOOK Value	(C) Method of Valuation Cost of Chic	Oryear market value
(1)		 	
(2)			4.77.
(3)			
(4)			
(5)			
(6)		<u> </u>	
(7)			
(8)	· ··		
(9)			
Total (Col (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
	Farm 000 Bort IV Inc	a 11 d Son Form 900 Part V line 15	
Complete if the organization answered "Yes" (a) [on Form 990, Part IV, line Description) 110 See Form 990, Part A, line 15	(b) Book value
DUE EDOM ADULT TAME	76SCHPRIOTI		50,000.
			30,000.
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(9) Total. (Column (b) must equal Form 990, Part X, col (B) line	15)		50,000.
Part X Other Liabilities.	15)		
Complete if the organization answered "Yes" of	on Form 990 Part IV line	a 11e or 11f See Form 990, Part X, line 25	
(a) December of lightly	JII FOIII 930, 1 arc IV, mic	(b) Book value	 '
		(5) 250 1225	1
(1) Federal income taxes (2) DUE TO AFFILIATE		15,900.	- +
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Schedule D (Form 990) 2018

(8)

15,900.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

45-5477218 Page 4 VOTO LATINO ACTION FUND Schedule D (Form 990) 2018 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1,113,289. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains (losses) on investments 2a 2b b Donated services and use of facilities c Recoveries of prior year grants 2c 2d d Other (Describe in Part XIII) በ e Add lines 2a through 2d 2e 1,113,289. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4b b Other (Describe in Part XIII) 4c c Add lines 4a and 4b 113 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 717,577. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990. Part IX, line 25 2a a Donated services and use of facilities 2b **b** Prior year adjustments c Other losses 2c 2d d Other (Describe in Part XIII) 2e e Add lines 2a through 2d 717.577 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4h b Other (Describe in Part XIII) 4c c Add lines 4a and 4b 717.577 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information PART X, LINE 2: THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) HAS RELEASED FASB ASC THAT PROVIDE GUIDANCE FOR REPORTING UNCERTAINTY IN 740-10, INCOME TAXES, INCOME TAXES. FOR THE YEAR ENDED DECEMBER 31, 2018, VOTO LATINO ACTION FUND HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10 AND DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITION QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. TAX YEARS ENDING DECEMBER 31,2017, 2016 AND 2015 REMAIN OPEN WITH BOTH FEDERAL AND STATE TAXING AUTHORITIES.

832054 10-29-18

Schedule D (Form 990) 2018

≗ ⊠ SENERAL OPERATING SUPPORT Employer identification number 45-5477218 REGISTRATION EFFORT AND Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance ANNUAL POWER SUMMIT PO SUPPORT VOTER ☐ Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ■ Go to www.irs.gov/Form990 for the latest information. 0 Ö (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of 100,000 400,000 cash grant (c) IRC section (if applicable) FUND VOTO LATINO ACTION 20-1350252 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government NARAL PRO CHOICE AMERICA WASHINGTON, DC 20006 WASHINGTON, DC 20005 1725 WYE STREET, NW Name of the organization 1300 L STREET, NW Department of the Treasury Internal Revenue Service VOTO LATINO **SCHEDULE 1** (Form 990) Part Part

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2018)

Page 2 Schedule I (Form 990) (2018) (f) Description of noncash assistance 45-5477218 (e) Method of valuation (book, FMV, appraisal, other) Part IV. Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Schedule I (Form 990) (2018) VOTO LATINO AC'I'LUN FUND

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients VOTO LATINO ACTION FUND (a) Type of grant or assistance 832102 11-02-18

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

VOTO LATINO ACTION FUND

Employer identification number 45-5477218

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			1
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items	, '		
	First-class or charter travel Housing allowance or residence for personal use		-	- :
	Travel for companions Payments for business use of personal residence		-	İ
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	,		ĺ
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			İ
		, , ,]		į
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		L
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		· 	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	<u> </u>
			•	1
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's		_	l'
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to	'	-	·
	establish compensation of the CEO/Executive Director, but explain in Part III	<u>.</u>	.`	· '
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study	الم الم		1 1
	X Form 990 of other organizations X Approval by the board or compensation committee		ي .	
		* _ 1	***	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	΄,		
	organization or a related organization			3 '
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		,	1
		•	ľ	ļ
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	٠ ،		1
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	-	٠.	
	contingent on the revenues of			
а	The organization?	5a		X
b	Any related organization?	5b	-	Х
	If "Yes" on line 5a or 5b, describe in Part III	1		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	, ,	اند د پ	
	contingent on the net earnings of			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III	. •	- ,	i
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	<u></u>		-
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		<u> </u>	77
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	<u>. </u>		
	Regulations section 53 4958-6(c)?	9		i .

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2018

45-5477218

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i) (ii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of W-2 and/or 1099-MISC compensation	V-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	E.
(A) Name and Title		(ı) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
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Schedule J (Form 990) 2018	
SURVEYS TO ESTABLISH HER COMPENSATION.	URV
BOARD, SALARY SURVEYS, FORM 990 OF OTHER ORGANIZATIONS, AND COMPENSATION	OAR
THE ORGANIZATION'S PRESIDENT AND CEO IS PAID BY A RELATED ORGANIZATION, VOTO LATINO, INC., WHICH USES A COMPENSATION COMMITTEE, APPROVAL BY THE	HE (OTO
PART I, LINE 3:	ART

4

832113 10-26-18

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

2018
Open to Public Inspection

Name of the organization

VOTO LATINO ACTION FUND

Employer identification number 45-5477218

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS PREPARED BY AN OUTSIDE ACCOUNTANT AND REVIEWED BY THE PRESIDENT AND CEO. BOARD MEMBERS WERE ALSO PROVIDED A COPY OF THE 990 BEFORE IT IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION USES THE CONFLICT OF INTEREST POLICY ADOPTED BY VOTO

LATINO, INC., A RELATED ORGANIZATION. BOARD MEMBERS AND STAFF HAVE A

RESPONSIBILITY TO DISCLOSE ANY POTENTIAL CONFLICTS ON INTEREST TO THE BOARD

OR TO THEIR SUPERVISORS AND STAFF MEMBERS ARE REMINDED ANNUALLY REGARDING

THE THE ORGANIZATION'S CONFLICT OF INTEREST POLICY.

IN CONNECTION WITH ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST, THE

INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE CONFLICT AND ALL FACTS

CONCERNING THE SITUATION TO THE BOARD.IF THE INTERESTED PERSON IS A BOARD

MEMBER, THE BOARD MEMBER RECUSES HIMSELF OR HERSELF FROM DELIBERATING ON

THE MATTER. THE REMAINING BOARD MEMBERS REVIEW THE MATTER AND DECIDE WHAT

COURSE OF ACTION IS IN THE BEST INTEREST OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 15A:

THE ORGANIZATION DOES NOT COMPENSATE OR HAVE ANY PAID STAFF. ITS PRESIDENT AND CEO IS ALSO PRESIDENT AND CEO OF A RELATED ORGANIZATION, VOTO LATINO, INC.

THE ORGANIZATION'S BOARD REVIEWS THE COMPENSATION OF THE PRESIDENT, TAKING INTO CONSIDERATION THE ORGANIZATION'S BUDGET, SIZE, AND COMPENSATION OF SIMILAR ORGANIZATIONS, DOCUMENTING THE DECISION.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization VOTO LATINO ACTION FUND	Employer identification number 45-5477218
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, C	ONFLICT OF
INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE	
	·
	.
	,

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

Open to Public Inspection 2018

OMB No 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information.

VOTO LATINO ACTION FUND

Employer identification number 45-5477218

(g) Section 512(bX13) controlled Schedule R (Form 990) 2018 ٥ × entity? Direct controlling Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year entity Direct controlling entity Ξ End-of-year assets status (if section 501(c)(3)) Public charity LINE 7 Total income Exempt Code ਉ section DISTRICT OF COLUMBIA 501(C)(3) T Identification of Disregarded Entitles. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or Legal domicile (state or foreign country) foreign country) For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART VII FOR CONTINUATIONS VOTER REGISTRATION AND Primary activity Primary activity CIVIC ENGAGEMENT 9 Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity VOTO LATINO, INC. - 20-1350252 <u>e</u> WASHINGTON, DC 20005 1300 L STREET NW Parti Part II

45-5477218

Page 2

Schedule R (Form 990) 2018 VOTO LATINO ACTION FUND

[Part III] Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year

Schedule R (Form 990) 2018 General or Percentage managing ownership (i) Section 512(b)(13) controlled entity? Yes No Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year 3 Percentage ownership Yes 3 Ξ Code V-UBI amount in box 20 of Schedule 1 K-1 (Form 1065) Share of end-of-year assets Disproportionate Yes No allocations? Ξ Share of total income (9)
Share of end-of-year assets Ξ Type of entity (C corp, S corp, or trust) e Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) 9 <u>e</u> Legał domicile (state or foreign country) ত (d)
(Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign Primary activity <u>a</u> Name, address, and EIN of related organization Name, address, and EIN of related organization a) 832162 10-02-18 Part IV

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Schedule R (Form 990) 2018		31	832163 10-02-18
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	15,901.	Д	(2) VOTO LATINO INC.
	100,000.	В	(1) VOTO LATINO INC.
(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a-s)	(a) Name of related organization
ationships and transaction thresholds	his line, including covered re	no must complete t	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds
15 X			 Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s)
X dt			
to t			o Sharing of paid employees with related organization(s)
1n A		nization(s) on(s)	 m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
T X		nization(s)	I Performance of services or membership or fundraising solicitations for related organization(s)
14 X			K Lease of facilities, equipment, or other assets from related organization(s)
			j Lease of facilities, equipment, or other assets to related organization(s)
1 1 1 ×			h Purchase of assets from related organization(s)
1g X			g Sale of assets to related organization(s)
# X			f Dividends from related organization(s)
1e X			e Loans or loan guarantees by related organization(s)
X bl			d Loans or loan guarantees to or for related organization(s)
+			
1a X 1b X			 Receipt of (i) interest, (ii) annutities, (iii) royalities, or (iv) rent from a controlled entity Giff. grant, or capital contribution to related organization(s)
	elated organizations listed ir	s with one or more re	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
Yes No			Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

45-5477218

Page 4

Schedule R (Form 990) 2018 VOTO LATINO ACTION FUND

Part VI] Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions reparding exclusion for certain investment partnerships

that was not a related organization. See instructions regarding exclusion for certain investment partnerships	structions regarding exclu	sion for certain inve	sstment partnerships					Ì	
(a)	(Q)	(၁)	(a) (b)			Ξ	Ξ	3	¥
Name, address, and EIN	Primary activity	Legal domicile	Predominant income partners (related increased	()		Dispropor- tionate	Code V-UBI	ieneral or	Percentage
of entity		(state or toreign country)	excluded from tax under orgs?	total	end-of-year assets	allocations?	of Schedule K-1 (Form 1065)	partner?	ownership
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Schedule R (Form 990) 2018